

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	11/30/01
FORMALITY REVIEW	T/H	9/3	12-04-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8-9-03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
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48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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2320  
11/03/01